

FORM
5Rev
09/14**State of Colorado**
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

400755083

Date Received:

01/05/2015

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type Final completion Preliminary completion

OGCC Operator Number: 47120 Contact Name: Kayla Hesselstine
 Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6552
 Address: P O BOX 173779 Fax: _____
 City: DENVER State: CO Zip: 80217-

API Number 05-123-39356-00 County: WELD
 Well Name: KERR Well Number: 34C-25HZ
 Location: QtrQtr: SWSW Section: 13 Township: 2N Range: 67W Meridian: 6
 Footage at surface: Distance: 150 feet Direction: FSL Distance: 515 feet Direction: FWL
 As Drilled Latitude: 40.131182 As Drilled Longitude: -104.846764

GPS Data:

Date of Measurement: 09/15/2014 PDOP Reading: 1.8 GPS Instrument Operator's Name: Carli Sloan** If directional footage at Top of Prod. Zone Dist.: 509 feet Direction: FNL Dist.: 88 feet. Direction: FWLSec: 24 Twp: 2N Rng: 67W** If directional footage at Bottom Hole Dist.: 25 feet Direction: FSL Dist.: 147 feet. Direction: FWLSec: 25 Twp: 2N Rng: 67WField Name: WATTENBERG Field Number: 90750

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 09/07/2014 Date TD: 10/15/2014 Date Casing Set or D&A: 10/18/2014Rig Release Date: 11/15/2014 Per Rule 308A.b.

Well Classification:

 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage ObservationTotal Depth MD 17788 TVD** 7503 Plug Back Total Depth MD 17731 TVD** 7503Elevations GR 4893 KB 4918 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:

CBL, GR, MUD, (IND in API# 05-123-21501)

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	13+1/2	9+5/8	36	0	1,065	451	0	1,065	VISU
1ST	8+3/4	7	26	0	7,823	760	0	7,823	CBL
1ST LINER	6+1/8	4+1/2	11.6	6729	17,778	730	6,729	17,778	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SUSSEX	4,407				
SHARON SPRINGS	7,138				
NIOBRARA	7,218				
FORT HAYS	7,620				
CODELL	7,693				

Operator Comments

Due to anti-collision needs and the variability of directional drilling, our as-drilled BHL could be different than the permitted.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Kayla Hesseltine

Title: Regulatory Specialist Date: 1/5/2015 Email: kayla.hesseltine@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400764422	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400755112	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400755083	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400755091	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400755092	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400755100	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400755102	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400755111	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Added IND to list of logs run (IND in API# 05-123-21501). Additional IND log (IND in API# 05-123-21506).	01/17/2017

Total: 1 comment(s)